



## COMMERCIAL QUADRICYCLE OPERATOR LICENSE APPLICATION

### PART A – LICENSING INFORMATION

You must complete the licensing process prior to beginning work as a commercial quadricycle operator in the City of Green Bay. File this form with the Green Bay City Clerk's Office, 100 N. Jefferson Street. You must present a valid Wisconsin Driver's License, a passport-sized photo and background checks from CCAP, CIB and DOT. The license fee is \$50.00. Upon approval of the Police Department, you will be issued a pictured license. You must display this license at all times while operating a public vehicle. Failure to do so could result in a forfeiture of up to \$500. **Your license will expire on December 31.** There is a non-refundable administrative application fee of \$15.00.

### PART B – TO BE COMPLETED BY APPLICANT

1. Full Name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Home Address: \_\_\_\_\_  
STREET ADDRESS CITY, STATE & ZIP CODE
4. Home Phone Number: \_\_\_\_\_
5. Business Phone Number(s): \_\_\_\_\_
6. Sex: \_\_\_\_\_ 7. Race: \_\_\_\_\_ 8. Height: \_\_\_\_\_ 9. Weight: \_\_\_\_\_ 10. Hair: \_\_\_\_\_ 11. Eyes: \_\_\_\_\_
12. Wisconsin Driver's License Number: \_\_\_\_\_
13. Employer Company Name: \_\_\_\_\_
14. Employer's Address: \_\_\_\_\_  
STREET ADDRESS CITY, STATE & ZIP CODE
15. Supervisor's Name: \_\_\_\_\_
16. Registration Year: \_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING.** Under penalty provided by law, the signer states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any inaccurate or untruthful answer may be grounds for prosecution and invalidates the registration. Signer acknowledges the provisions of the Green Bay Municipal Code relating to public vehicle operation and agrees to observe these provisions and all applicable provisions of the Green Bay Municipal Code and Wisconsin Statutes.

### YOU MAY NOT WORK UNTIL YOU GET YOUR APPROVED LICENSE

\_\_\_\_\_  
(Signature of Registrant) Please have your signature notarized if you are not signing in the Clerk's Office. (Date)

### PART C – FOR CITY USE ONLY

Date Filed: _____	Copy of Driver's License	Attached <input type="checkbox"/>
Approval: _____	Copy of CCAP (Circuit Court Access System)	Attached <input type="checkbox"/>
Police: _____	Copy of CIB (Crime Information Bureau)	Attached <input type="checkbox"/>
	Copy of DOT (Dept. of Transportation)	Attached <input type="checkbox"/>
	Passport-sized Photo	Attached <input type="checkbox"/>